2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2009
Secretary of State

DOCUMENT# N07000007770

Entity Name: TOWN CENTER PROFESSIONAL OFFICE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

18401 MURDOCK CIRCLE
PORT CHARLOTTE, FL 33948

New Principal Place of Business:

18401 MURDOCK CIRCLE
SUITE C
PORT CHARLOTTE, FL 33948

Current Mailing Address:

18401 MURDOCK CIRCLE
PORT CHARLOTTE, FL 33948

New Mailing Address:

18401 MURDOCK CIRCLE
SUITE C
PORT CHARLOTTE, FL 33948

FEI Number: 26-1341799 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCKINLEY, MICHAEL R ESQ.
18401 MURDOCK CIRCLE
PORT CHARLOTTE, FL 33948 US

Name and Address of New Registered Agent:

MCKINLEY, MICHAEL R ESQ.
18401 MURDOCK CIRCLE
SUITE C
PORT CHARLOTTE, FL 33948 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____ 02/03/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MCKINLEY, MICHAEL R
Address: 18401 MURDOCK CIR UNIT C
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: D ( ) Delete
Name: BERNTSSON, ROBERT H
Address: 18401 MURDOCK CIR UNT C
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: D ( ) Delete
Name: NASH, ERIC
Address: 18401 MURDOCK CIR UNIT A
City-St-Zip: PORT CHARLOTTE, FL 33948

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA A. FLYNN O 02/03/2009
Electronic Signature of Signing Officer or Director — Date